

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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| 31 | | 3 | | | | |
| 32 | | 3 | | | | |
| 33 | | 3 | | | | |
| 34 | 1 | | | | | |
| 35 | | ① | | | | |
| 36 | 1 | | | | | |
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| TOTAL IND. | 6 | | | | | |
| TOTAL DEP. | 46 | | | | | |
| TOTAL CLAIMS | 52 | | | | | |

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| | IND | | DEP | | IND | | DEP | |
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| TOTAL IND. | | | | | | | | |
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